

On account of the aversion to rectal examinations by ladies, instead of examining the rectum in the first place, as he passes his finger along the recto-vaginal septum in making the vaginal touch, as he formerly was accustomed to do, the following method is substituted for it: The recto-vaginal wall is examined in the descent of the finger from the *forwix vaginæ*, and before withdrawing it fully, the operation of eversion is performed; the act being accomplished before the patient has time to object. This part of the examination being over, she is far more ready to allow the finger to be passed through the anus from without. The finger should be besmeared with some unguent, and he uses for this purpose a weak solution of carbolic acid in glycerine, and the operator can scent it with bergamot, &c.

When the examination is productive of great suffering, ether, in preference to chloroform, should be employed as an anæsthetic; the nausea, vomiting, &c., can be prevented by the use of bromide of potassium. Anæsthetic destroys the patient's feelings of disgust, and relaxes muscular contractions.

TREATMENT OF VERTIGO.—Dr. Ramskill, in an article on "vertigo" (Reynold's System of Medicine), alludes to the common mistake of attributing the symptoms to a surplus of blood in the brain, and states, that in most cases it is due to reflux innutrition of the brain from arrested digestion in the stomach; in some, to mental exhaustion; in others, to feeble heart; and a smaller class, to diseases of the bones of the head, and the brain itself.

Gastric vertigo is treated by alkies, strychnine, and other bitters. Wine should be given to persons of advanced age. Vertigo, brought on by overwork, is best managed by bromide of ammonium, generous diet, and wine. Weak hearts should be toned up with belladonna, larch, and digitalis.

Catheterization of the Air-Passages in Asphyxia Neonatorum.—It has often been urged that expiration of mucus and other matters, and the general opening from within outward, or below upward, of the respiratory tract, is the one thing needful in asphyxia of the new-born before regular and natural inspiratory movements can go on. On this account, catheterization combined with suction rather than insufflation has often been relied upon in such cases. Dr. BILLMANN, of Neustadt, relates, in the *Aerzt. Intelligenzblatt*, No. xlix, 1867, the case of a new-born apparently dead, in which he introduced a thin catheter into the larynx and made forcible suction. A thick, tenacious, somewhat bloody phlegm passed into the catheter, and immediately a short, deep inspiration took place. After four or five repetitions breathing became gradually established. Aspiration had to be repeated, because phlegm from the smaller and smallest ramifications followed into the larger branches and larynx after the first removal from these. Dr. Billmann admits that electricity may be the most certain means of exciting the contraction of the inspiratory muscles, but urgency and other circumstances of the case often prevent its application. The introduction of the catheter is, however, he says, in itself also a powerful excitant to respiratory movements, and the aspiration of the phlegm and the entrance of the air into the emptied organ are acts so directly stimulating, that it can hardly fail where there is any chance of life

left. He strongly condemns the insufflation of air into the mouth; firstly, because the air hardly ever gets into the lungs, and only presses the epiglottis more firmly over the aperture of the larynx; and secondly, because so much air as does get into the lungs only blows the obstructing mucus more firmly into them. In conclusion, he warmly recommends the thin elastic catheter not only in cases of foreign bodies in the larynx and bronchial tubes, but as an important means of resuscitation from apparent death generally.

MEDICATED VAGINAL SUPPOSITORIES.—At one of the meetings of the New York Obstetrical Society, Dr. E. R. Peaslee, of this city, exhibited to the members some vaginal suppositories of butter of cacao, which could be medicated as follows: Five grains of bismuth, three to five grains of sulphate of zinc, with one-twentieth of a grain of atropine in each. Seven or eight hours would be required for them to melt in the vagina.—*Am. Jour. Med. Rec.*

Extraction of a Pin from the Epiglottis.—Dr. Tobold of Berlin, records in the *Berliner Klinische Wochenschrift*, No. 9, March 2, 1868, a case which gives not only a new proof of the great value of laryngoscopy,—without which the diagnosis and removal of the difficulty would not well have been possible,—but also shows the necessity of accurate objective examinations. Dr. Tobold admits that if he had used the laryngoscope at once when the patient consulted him, she would have been at least saved from several days of suffering. The foreign body, which really was a pin with the head broken off, appeared as a broken needle sticking fast in the right side of the epiglottis, anteriorly. It looked upward, and with every attempt at deglutition it was necessarily pushed against the posterior wall of the pharynx, causing pain irritation, localized swelling, and apparent abscess formation. The patient, a young lady, had consulted Dr. Tobold five days previously, complaining of having swallowed a little bone while eating soup. Finding nothing on the usual direct ocular inspection, Tobold contented himself with pushing a sound into the œsophagus, thinking the foreign body was too low down to be seen, and that he had thus pushed it safely into the stomach, especially as the patient thought that the manoeuvre had given her relief. When she came back, however, a proper examination revealed the truth, and the pin was removed by means of a polypus forceps, under the guidance of the mirror, without much difficulty.

An autopsy has been performed at Bellevue Hospital on a body that had been perfectly preserved for 72 days by means of carbolic acid; still another public autopsy took place upon the body of a patient who had died 107 days previously, and had been preserved in a similar manner, with the same highly satisfactory results.

We find stated in the *New York Medical Record* that Mr. Syme has bid adieu to the use of the ligature, save in the tying of the large arteries. He employs torsion; and after this operation is completed, he clears out the wound, using a weak solution of the carbolic acid and water (one part to thirty), and covers the whole over with a paste containing carbolic acid, chalk, and other ingredients.